



ARUNACHAL PRADESH STATE COUNCIL FOR TECHNICAL EDUCATION ITANAGAR

FORM NO. A-

(under the Directorate of Higher & Technical Education, Govt. of AP, Itanagar)

REGISTRATION FORM

<u>To be allotted by the Council</u>	
Registration No.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Roll No. :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please paste your recent photograph

1. Name of the Institution : _____
2. Name of the Candidate : Miss/Mr. (IN BLOCK LETTERS)
3. Sex

M	F
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 4. Caste / Tribe : _____
5. Date of Birth :

D	D	M	M	Y	Y	Y	Y
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6. Mother's Name : _____
7. Father's Name : _____
8. Permanent Address :
 Village/Town _____ PO _____
 PS _____ Distt. _____
 Pin No. _____ State _____ Phone No. _____

9. Details of Qualifying Examination Passed :

Class	Year of passing	Name of the Board	Roll No.	Sl. No. of Marksheet	Percentage of Marks

10. Details of Qualification, if any, higher than that mentioned at Sl. No. 9

Class	Year of passing	Name of the Board	Roll No.	Sl. No. of Marksheet	Percentage of Marks

11. Name & Address of the Institution last attended: _____
12. Year of leaving the Institution last attended : _____
13. Programme in which admitted : _____

Note : 1. Pasted Photograph to be attested by the Principal.
 2. One additional Stamp Size Photograph to be enclosed alongwith the form.

Date :

Signature of the Candidate

Countersignature of the Principal (with seal)